

#L10000019988

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 21 2011

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WEST COAST CAPITAL GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000019988

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM K HERKERT ~~IV~~  
Name of Person

PINELLAS TAX & ACCTG SERVICE INC  
Name of Firm/Company

6925 112TH CIRCLE SUITE 102  
Address

LARGO FL 33773  
City/State and Zip Code

DWM@PINTAX.FDN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS MAXEY at ( 727 ) 548-4400  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PINELLAS TAX & ACCOUNTING SERVICE, INC, hereby resigns as  
Name of Registered Agent

Registered Agent for WEST COAST CAPITAL GROUP LLC

Name of Limited Liability Company

L10000019988

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

William K. Herkert

Signature of Resigning Agent

If signing on behalf of an entity:

WILLIAM K HERKERT

Typed or Printed Name

PRESIDENT

Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
11 DEC 20 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA